the
WATSON CPA GROUP
certified public accountants • business consultants

Payment Authorization

For your protection, this is not fillable. Please complete, and either fax to us or upload / scan to your portal.

Business Name _____

Address _____

City, State Zip _____

Phone _____

Payment

Email Receipt? YES NO Email _____

Amount to Pay _____ Invoices _____

Credit Card

Card Number _____

Expiration _____ CID _____ Billing Zip _____

Make this **credit card** my primary payment method for recurring payments: YES NO

Bank Info

Name of Bank _____ Checking Savings

Routing Number _____ Account Number _____

Make this **bank draft** my primary payment method for recurring payments: YES NO

I authorize the Watson CPA Group to process payment from the above account.

_____ _____ _____

Your Signature Printed Name Date

You may also call us at 719-387-9800 with this information.

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719.387.9800 tel ■ support@watsoncpagroup.com ■ www.watsoncpagroup.com ■ fax 855.345.9700